

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90133 013 ***150.00

DOCUMENT # P99000089268

1. Entity Name
RELIABLE PROPERTY INSPECTION GROUP, INC.



Principal Place of Business
**3501 DEL PRADO BLVD.
SUITE 302
CAPE CORAL FL 33904**

Mailing Address
**3501 DEL PRADO BLVD.
SUITE 302
CAPE CORAL FL 33904**



2. Principal Place of Business

3501 Del Prado Blvd

3. Mailing Address

3501 Del Prado Blvd

Suite, Apt. #, etc.

Suite 312

Suite, Apt. #, etc.

Suite 312

City & State

CAPE CORAL FL

City & State

CAPE CORAL, FL

Zip

33904

Country

U.S.

Zip

33904

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1101960

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LARROW, PAUL L
3501-302 DEL PRADO BLVD.
SUITE 302
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name

Larrow Paul L.

Street Address (P.O. Box Number is Not Acceptable)

3501-312 Del Prado Blvd

Suite 312

City

CAPE CORAL

FL

Zip Code

33904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LARROW, PAUL L
STREET ADDRESS	3501-302 DEL PRADO BLVD.
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larrow Paul L.
STREET ADDRESS	3501-312 Del Prado Blvd
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PAUL L. LARROW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/03
Date

Daytime Phone #

CR2E034 (10/02)